

# 2019 FESTIVAL OF WINDS MEDICAL INFORMATION FORM

This form covers all activities involved in our 2019 Festival of Winds. Current personal health and medical history provided on this form is attested by the parent(s) or legal guardian(s) to be accurate. Information given is confidential, accessed only by the Executive Director, or in the case of a medical emergency, a medical professional.

***Form is to be completed by Parent(s) or Legal Guardian. Please print all information as clearly as possible.***

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name of Parent(s) or Guardian(s) with custody of above student: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Circle Primary Emergency Contact Phone Numbers:**

Father Work Phone: \_\_\_\_\_ Father Cell Phone: \_\_\_\_\_

Mother Work Phone: \_\_\_\_\_ Mother Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

**If parents or guardians named above are not available in the event of an emergency, notify:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company (or N/A if none): \_\_\_\_\_ Group Number: \_\_\_\_\_

Subscriber Number: \_\_\_\_\_ Other information on card: \_\_\_\_\_

**Circle all that apply, Past or Present:**

Allergies: Yes No If Yes, please list: \_\_\_\_\_

High Blood Pressure	Yes	No	Asthma	Yes	No	Kidney Disease	Yes	No
Cancer/Leukemia	Yes	No	Diabetes	Yes	No	Knee/Foot Trouble	Yes	No
Convulsions/Seizures	Yes	No	Hemophilia	Yes	No	Musculoskeletal	Yes	No
Hearing Difficulty	Yes	No	Heart Trouble	Yes	No			

If you circled "Yes" to any of the above answers, please provide a brief description and current treatment if any: \_\_\_\_\_

\_\_\_\_\_ (Initial approval) With the exceptions noted below, chaperones have permission to give my child such "over-the-counter" medication such as Tylenol, Ibuprofen (Advil), antihistamine, decongestant, topical antibiotics, etc. while participating in our Summer Music Camps.

Exceptions: \_\_\_\_\_

**The above information is correct to the best of my knowledge.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_